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|---|--|---|----------------------------|--------------------------------|-----------------------------|---|------------------------------------|------------------|---------------|--------------|------------------|--|------------------------|-----------------|--------------------|------------------------|--|--|
| | PATENT APPLICATION FEE DETERMINATION RECOR | | | | | | | | | | | Application or Docket Number 72255/05858 | | | | | | |
| | CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY | | | | OR | OTHER T SMALL E | | | |
| Date: | FOR | | | NUMBER FILED | | | NUMBER EXTRA | | | H | RATI | Э | FEE | | RATE | FEE | | |
| 8/30/01 | | SIC FEE CFR 1.16(a)) | | | | | | | | 11 | | | s | OR | | \$_710.00 | | |
| | TOT (37 | AL CLAIMS CFR 1.16(c)) | | 10 | minu | ıs 20 = | 20 - * 0 | | | 11 | x \$ | = | 0.00 | OR | x \$_50.00 = | \$0.00 | | |
| | IND: | EPENDENT CLA CFR 1.16(b)) | AIMS | 2 | min | us 3 = | * 0 | | | П | x | = | \$0.00 | OR | x 200.00 = | \$0.00 | | |
| | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | | | | | 11 | + | = | \$0.00 | OR | + 0.00 = | 0.00 | | | |
| | * If the difference in column 1 is less then zero, enter "0" in column 2 | | | | | | | | | | TOTA | L | \$0.00 | OR | TOTAL | \$710.00 | | |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | | | SMAL | L El | NTITY | OR | OTHER T | | | |
| Date: 8/3/05 | AMENDMENT A | | REMA AFT | IMS INING ER DMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | NDN | Total (37 CFR 1.16(e)) | * | 14 | Minus | ** | 20 | = | 0 | 1[| x \$ | = | \$0.00 | OR | x \$_50.00 = | \$0.00 | | |
| | ME | Independent (37 CFR 1.16(b)) | * | 3 | Minus | *** | 3 | = | 0 | П | × | = | \$0.00 | OR OR | x 200.00 = | \$0.00 | | |
| | , | FIRST PRES | ENTATI | ON OF MULTIPLE DEP | | ENDENT CLAIM | | (37 CFR 1.16(d)) | |][| + | - | \$0.00 | OR | += | 0.00 | | |
| Date: 5/5/06 | (Column 1) (Column 2) (Column 3) | | | | | | | | | AD | TOTA DIT. FEI | | \$0.00 | OR A | TOTAL DDIT. FEE | \$0.00 | | |
| | AMENDMENT B | | REMA AFT | AIMS AINING TER DMENT | | PRE | GHEST IMBER IOUSLY ID FOR | | ESENT KTRA | \prod | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | | Total (37 CFR 1-16(c)) | * | 16 | Minus | ** | 20 | - | 0 | 1, | s | = | \$0.00 | OR | x \$ <u></u> | \$0.00 | | |
| | | Independent (37 CFR 16(b)) | * | 3 | Minus | *** | 3 | - | 0 | 1[| x | - | \$0.00 | OR OR | x 200.00 = | \$0.00 | | |
| | 4 | FIRST PRES | ENTATI | ON OF MU | JLTIPLE DEI | ENDENT CLAIM | | (37 CFR 1.16(d)) | | 11 | | = | \$0.00 | OR | += | 0.00 | | |
| Date: | (Column 1) (Column 2) (Column 3) | | | | | | | | | AE | TOT/ DDIT. FE | | \$0.00 | OR _A | TOTAL DDIT. FEE | \$0.00 | | |
| | AMENDMENT C | | CLA REMA AFT AMEN | INING ER | | NU PREV | HEST MBER TOUSLY D FOR | | ESENT | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | NDN | Total (37 CFR 1 16(c)) | | | Minus | ** | 20 | = | 0 | 1, | x \$ | = | \$0.00 | OR | x \$_50.00 = | \$0.00 | | |
| | ME | Independent (37 CFR 1.16(b)) | * | | Minus | *** | 3 | = | 0 | 1, | x | - | \$0.00 | OR OR | x 200.00 = | \$0.00 | | |
| | ٧ | FIRST PRES | ENTATIO | ON OF MULTIPLE DEP | | ENDENT CLAIM | | (37 CFR 1-16(d)) | | | + | = | \$0.00 | OR | += | 0.00 | | |
| | * 14 | the entry in colu | nn Lie Is | e than the | antru in action | an 2 m-i- | a "0" ia ac ! | an 2 | | | тот. | | \$0.00 | OR | TOTAL | \$0.00 | | |
| | *** If | the "Highest Nur the "Highest Nur the "Highest Number "Highest Number | nber Prev nber Previ | iously Paid | For" IN THE For" IN THIS | S SPACE S SPACE | is less than 2 is less than 3 | 0, ente | '3". | | DDIT. FI | | hov in colum | | DDIT. FEE | | | |

Burden Hoar Statement: This form is entered to large Or Lours or insequence(ii) is the highest number found in the appropriate box in column 1.

Burden Hoar Statement: This form is entered to large Or how to complete. Then will vary depositing upon the needs of the individual case. Any comments on the inneed of these you are equarted to complete this form should be seen to the Chair Information Officer, U.S. Fascus and Trademark Paperins, Washington, DC 20231.

See The Chair Chair